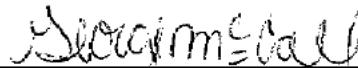


INSTRUCTIONS: Please read the instructions below carefully and supply all the information requested.
You will receive an Acknowledgement Letter and Control Number.

FORM
APPROVED
OMB NO.
11050008

1. Submit To Appropriate Federal Agency:		2. Name, Address of Claimant and claimant's personal representative, if any. (See instructions above.) (Number, street, city, state, and zip code)		
Claims Management Branch TSA (TSA - 9) 601 South 12th Street Arlington, Virginia 20598-6009 571.227.1300 tsaclaimsoffice@tsa.dhs.gov		Claimant Information: Full Name: <u>George McCall</u> Address: [REDACTED] City, State, Zip: [REDACTED] CH 20598-6009 Country: [REDACTED]		
		Claimant's Representative: (if any) Full Name: [REDACTED] Address: [REDACTED] City, State, Zip: [REDACTED] Country: [REDACTED]		
3. Type of Employment:		4. Date of Birth:	5. Marital Status:	6. Day and Date of Incident:
<input type="checkbox"/> Military <input checked="" type="checkbox"/> Civilian		[REDACTED] 1969	<input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widower	October 2, 2020
7. Time: (A.M. or P.M.)				
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof)				
<p>Their was 10,000 dollars missing from my luggage</p>				
9. PROPERTY DAMAGE				
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT: (Number, street, city, state, country, and Zip Code)				
Full Name: [REDACTED]		Address: [REDACTED]	City, St. & Zip: [REDACTED]	Country: [REDACTED]
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE, AND LOCATION WHERE PROPERTY MAY BE INSPECTED.				
10. PERSONAL INJURY / WRONGFUL DEATH				
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.				
<p># cause stress when I arrived in Las Vegas with no money</p>				
11. WITNESSES				
1. Name: <u>Karen McCall</u>	Address/Phone: [REDACTED]			
2. Name: [REDACTED]	Address/Phone: [REDACTED]			
3. Name: [REDACTED]	Address/Phone: [REDACTED]			
12. AMOUNT OF CLAIM (In U.S. Dollars) <u>10,000</u>				
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL Failure to specify may cause forfeiture of your rights)	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
I CERTIFY THAT THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.				
13a. SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE: (See instructions below)		13b. PHONE NUMBER OF SIGNATORY:	14. DATE OF CLAIM:	
		[REDACTED]	<u>October 2, 2020</u>	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus three times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		Fine of not more than \$10,000 or imprisonment for not more than five (5) years or both. (See 18 U.S.C. 287, 1001.)		

20. Claimant Email Address: 22.	21. Did the incident take place at: (please check one) <input checked="" type="checkbox"/> Passenger Security Screening Checkpoint? <input type="checkbox"/> Checked Baggage Screening Location	OMB number 1652-0039 Expires 11/30/2011
Cleveland Hopkins, Airport	23. Did you use a Skycap, Porter service, or other third-party service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. Was your checked baggage delayed? <input type="checkbox"/> YES, if yes, for how long? <input checked="" type="checkbox"/> NO

25. If this was a Checked Baggage incident, Why do you believe that TSA was Responsible?

The money was missing AND she put a note
in my bag stating notice of Baggage Inspection
dated Oct 2, At 9:12pm

26. Write down your COMPLETE travel itinerary. (Include airline names, flight numbers, arrival/departure times, etc.) Frontier Airlines Flight # PBUSRG 1034PM F9 205 1159PM	27. If this is a Checked Baggage incident, please write down your baggage tag numbers. F9 04 22098613
28. At the time of the incident, were you in the Military or a Federal employee and on official travel? <input type="checkbox"/> YES, if so, for whom: _____ <input checked="" type="checkbox"/> NO	29. Did you file any type of incident report with the airline, airport, TSA, or any law enforcement agency? <input type="checkbox"/> YES, if so, please explain and leave an incident report number: <input checked="" type="checkbox"/> NO

PLEASE BE SURE TO ATTACH ALL RECEIPTS, ESTIMATES OF REPAIR, APPRAISALS, OR ANY OTHER DOCUMENTS THAT CAN SUBSTANTIATE THE VALUE OF THE ITEMS THAT WERE LOST OR DAMAGED.

FOR ALL DAMAGED BAGGAGE, YOU MUST GET A REPAIR ESTIMATE

SUBMISSION DIRECTIONS:

1. Use the button on the right to **PRINT** this form.
2. **SAVE** this electronic PDF form for your records.
3. **SIGN** the printed form at the bottom of page 2.
4. **INCLUDE** all receipts, estimates, proof of flight documents, baggage tags, etc.
5. **MAIL** or **FAX** your printed claim and backup documentation.

Print Claim

WHERE TO SUBMIT FORMS:

FAX:
(571) 227-1904

U.S. Mail Address:
TSA Claims Management Branch
601 South 12th Street - TSA 9
Arlington, VA 20598-6009

Once Submitted, you should receive an acknowledgement letter from TSA within three weeks if you submit the claim by USPS (within 6 days if submitted by fax). This letter will include a TSA control number and instructions. Use this control number to check the status of your claim, or for any other communications with the TSA Claims Management Branch.

Paperwork Reduction Act Statement of Public Burden: TSA is collecting this information in order to thoroughly investigate and resolve your tort claim against the agency. The public burden for this collection of information is estimated to be approximately 30 minutes. This is a voluntary collection of information; however, failure to provide this information may delay or hinder the processing of your claim. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0039, which expires 11/30/2011.

Privacy Act Statement: AUTHORITY: 28 U.S.C. 1346(b), 1420(b), 2671-2680. PRINCIPAL PURPOSE(S): This information will be used to investigate your claim against the Transportation Security Administration (TSA). ROUTINE USE(S): This information may be shared with the Department of Justice in review, settlement, defense, and prosecution of claims involving matters over which TSA exercises jurisdiction, or for routine uses identified in the TSA's system of records notice, DHS/TSA 009 General Legal Records. DISCLOSURE: Voluntary; failure to furnish the requested information may result in an inability to thoroughly investigate your claim and may therefore result in an inability to award you payment on your claim.

This notice is provided in accordance with the Privacy Act of 1974, as amended, and contains the information required by the Office of Management and Budget's Circular A-1306.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.**B. Principal Purpose:** The information requested is to be used in evaluating claims.**C. Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.**D. Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".**ADDITIONAL INSTRUCTIONS**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/his authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative. If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by component evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property which has been or can be economically repaired, the claimant should at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested component persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in an invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Director, Torts Branch Civil Division and to: Office of Management and Budget
U.S. Department of Justice Paperwork Reduction Project (1105-0008)
Washington, DC 20530 Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance?

YES, If yes, give name and address of insurance company (number, street, city, state, and zip code) and policy number.

NO

16. Have you filed a claim on your insurance carrier in this instance, and if so, is full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (it is necessary that you ascertain these facts)

19. Do you carry Public Liability and property damage insurance?

YES, if yes, give the name and address of the insurance company (number, street, city, state, and zip code)

NO